

<p><b>RENEWAL FOR MORTGAGE BANKER BRANCH LICENSE</b></p> <p><b>Branch Renewal Fee \$100</b></p>
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To: NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF MORTGAGE LENDING

**Mail to:** 400 W King Street Suite 101  
Carson City NV 89703

From:

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**Pursuant to NRS 645E.280, the renewal application and all of the applicable supporting documentation listed on page two, together with the \$100 fee must be received on or before December 31<sup>st</sup>. To insure your renewed license will reach you prior to the expiration date, please submit your renewal well in advance of the expiration. If the application is submitted after December 31<sup>st</sup>, a reinstatement fee of \$200 will be required (in addition to the \$100 license fee).**

**INCOMPLETE APPLICATIONS WILL BE RETURNED INCLUDING FEES**

**REINSTATEMENT FEES APPLY IF NOT CORRECTLY RESUBMITTED BY  
DECEMBER 31, 2006**

Company Name: \_\_\_\_\_

Corporate name if any: \_\_\_\_\_

Branch Office Address \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

Qualified Employee \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_

E-mail: \_\_\_\_\_ (Mandatory, all future renewals/assessments  
will be sent via e-mail only)

Person completing this form: \_\_\_\_\_

Telephone number (If different than above) \_\_\_\_\_

Fax number (If different than above) \_\_\_\_\_

**The following documentation is required for the Qualified Employee:**

1. A completed Disclosure Form with explanations of any “yes” answers. (enclosed)
2. Child Support Statement. (enclosed) ***The child support statement is required from all QE’s regardless if the QE has children or is subject to any obligations***

You must remit the above items along with a completed renewal form and a check for \$100 payable to the Division of Mortgage Lending.

The undersigned declare, under penalties of perjury, the I/we have read the foregoing, including matters incorporated by reference, and they are true to the best of my/our knowledge and belief.

Signature of principal officer or Qualified Employee

Signature\_\_\_\_\_ Title\_\_\_\_\_

Print Name: \_\_\_\_\_

Date \_\_\_\_\_

## **Personal Disclosure Form**

**You are required to provide an explanation for any ‘yes’ answers. Include date, charge, agency, location, disposition, explanation as applicable. Use the attached page for your explanations.**

### **Disclosure Items**

	Y	N
a. Have you ever been arrested, charged, convicted of or pled guilty or nolo contendere (no-contest) to any felony or misdemeanor (excluding traffic citations) in a domestic, foreign or military court? Please explain in <u>detail</u> any arrests/convictions, including the jurisdictions and dispositions. Also, you must disclose sealed or expunged convictions. Traffic violations resulting in arrest must be disclosed.	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you ever entered into any settlement agreement with any federal or state agency?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you or any company in which you have ever held an ownership interest had a license or registration denied, suspended or revoked by a financial services or securities licensing agency in this state or any state, district, territory of the United States or any foreign in the preceding 10 years?	<input type="checkbox"/>	<input type="checkbox"/>
d. Have you made a compromise with creditors within the past 10 years or filed a bankruptcy petition or been subject of an involuntary bankruptcy petition for an organization under your control?	<input type="checkbox"/>	<input type="checkbox"/>
e. Has a bonding company ever denied, paid out on, or revoked a bond for you or any company in which you are or have ever been an owner?	<input type="checkbox"/>	<input type="checkbox"/>
f. Do you or any company in which you have ever held an ownership interest have any unsatisfied judgments or liens?	<input type="checkbox"/>	<input type="checkbox"/>
g. Do you have a relative that is or has been associated with the business? (NRS 645B.0131 Relative means a spouse or any other person related within the second degree by blood or marriage)	<input type="checkbox"/>	<input type="checkbox"/>
h. Have you or any company in which you have ever held an ownership interest had a civil or criminal record expunged or sealed by a court order?	<input type="checkbox"/>	<input type="checkbox"/>
i. Have you ever had a privileged or professional license in any state denied, suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
a. Are you subject to any pending actions that could result in a ‘yes’ answer to any of the above questions?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have any civil suits or actions pending?	<input type="checkbox"/>	<input type="checkbox"/>

**By signing below, I represent that I personally have completed this form and verify the information contained herein is accurate.**

Signature

\_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## EXPLANATION PAGE

YOU ARE REQUIRED TO EXPLAIN IN DETAIL ANY “YES” ANSWERS ON THE DISCLOSURE PAGE.

IF ANSWERING YES TO "A", "H" OR "J", INCLUDE ARREST DATES, CHARGES, JURISDICTION AND DISPOSITIONS.

Pursuant to NRS 179.259 (3), sealed records can be considered for purposes of obtaining a professional license.

[illegible]



KENNY C. GUINN  
*Governor*

STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF MORTGAGE LENDING  
400 W. KING STREET, SUITE 101  
CARSON CITY, NEVADA 89703  
(775) 684-7060 Fax (775) 684-7061  
[www.mld.nv.gov](http://www.mld.nv.gov)

SYDNEY H. WICKLIFFE, C.P.A.  
*Director*

SCOTT E. BICE  
*Commissioner*

### CHILD SUPPORT INFORMATION

Please mark the appropriate response (failure to mark one of the them will result in denial of the application).

\_\_\_\_\_ 1. I am not subject to a court order for the support of a child.

\_\_\_\_\_ 2. I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

\_\_\_\_\_ 3. I am subject to a court order for the support of one or more children and am not in compliance with the order of a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

\_\_\_\_\_  
Applicants Name (printed)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date